Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

5

Taxpayer's	s name	Social	securit	y numb	er
SURES	SH KUMAR NERELLA	391	0-59-	-5859	9
Spouse's	name	Spous	e's soc	ial secu	irity number
Part I	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year	you a	re aut	horizing.)
Enter w	nole dollars only on lines 1 through 5.				
Note: Fo	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 /	Adjusted gross income			1	30,246.
2 7	「otal tax			2	1,745.
3 F	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	3,429.
4 /	Amount you want refunded to you			4	1,684.

Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

<u> </u>	1 autriorize	GIODAI	IANDO	EBO firm name	to enter of generate my Fin	Er
Y	l authorize	CLOBAL.	TAVES	LLC	to enter or generate my PIN	2

Ent	as my				
9	5	8	5	9	

5

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as my Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► D	ate 🖡							
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		0 all zer	 2	7 1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	Date 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)			

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	∕—Do not w	rite or sta	aple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	name	ame					Your social security number				
SURESH K	UMAI	R	NER	ELLA						390	59	5859		
If joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse'	s socia	l security number		
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	ctions.				A	vpt. no.	Preside	ntial Ele	ection Campaigr		
6800,CAC	HE (СТ										/ou, or your		
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a		
IRVING						TΣ	K	750		box bel	ow will	not change		
Foreign country	name			Foreign pi	rovince/state/	count	ty	Foreig	n postal code	your tax		_		
											Y	ou Spouse		
Filing Status		Single					Head of ho	buseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne hac	l income)			□			()				
one box.		Married filing separately (MFS)												
		you checked the MFS box, enter the alifying person is a child but not you			pouse. If you	i che	ecked the HOH	or Q	SS box, ente	er the chi	ld's na	me if the		
	qu													
Digital		ny time during 2023, did you: (a) rec						•						
Assets		hange, or otherwise dispose of a dig						t)? (Se	e instructio	ns.)		es 🛛 No		
Standard	_	neone can claim: 🗌 You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	bu were a	dual-status	allen								
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bori		ore January			s blind		
Dependents				(2) S	Social security	,	(3) Relationshi	ip (4	•	· ·		(see instructions):		
If more	(1) F	irst name Last name			number		to you		Child tax c	realt	Credit to	or other dependents		
than four dependents,														
see instructions	s —													
and check here														
	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a		30,246.		
Income	b	Household employee wages not re								. 1b				
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	-							. 1c	;			
attach Forms	d									. 1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441,	, line 26					. 1e				
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	839, line 29					. 1f				
If you did not	g	Wages from Form 8919, line 6 .								. 1g				
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1h		0.		
instructions.	i	Nontaxable combat pay election (see ins	structions)			1 i							
	z	Add lines 1a through 1h	• ;		· · · ·					. 1z	-	30,246.		
Attach Sch. B	2a	· · –	2a				axable interest			. 2b				
if required.	3a		3a				Ordinary dividen				-			
Standard	4a		4a				axable amount			. 4b				
Deduction for –	5a		5a				axable amount			. 5b				
 Single or Married filing 	6a	, _	6a				axable amount	i	 r	. 6b				
separately,	c _	If you elect to use the lump-sum e						• •	l	╡╵╺				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		-	-			• •	l					
jointly or Qualifying	8	Additional income from Schedule								. 8	_	30 246		
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		30,246.		
Head of	10 11	Adjustments to income from Sche Subtract line 10 from line 9. This is						• •		. <u>10</u> . 11	-	30 246		
household, \$20,800	11 12	Subtract line to from line 9. This is Standard deduction or itemized	-		-			• •		. 12		<u>30,246.</u> 13,850.		
If you checked any box under	13	Qualified business income deduct					 15-А	• •		· 12		,0JU.		
Standard	14	Add lines 12 and 13				033	<u>.</u>	• •		. 14	-	13,850.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	 ro or le	ss. enter	-0 This is v	our 1	taxable incom	e .		. 15	-	16,396.		
	. •				y							,		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	1	6 1,745.	
Credits	17	Amount from Schedule 2, line	ə3				1	7	
	18	Add lines 16 and 17					1	8 1,745.	
	19	Child tax credit or credit for o	other dependen [.]	ts from Sched	ule 8812		1	9	
	20	Amount from Schedule 3, line	e8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			2	1, 745.	
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .		2	. 0.	
	24	Add lines 22 and 23. This is y					2	4 1,745.	
Payments	25	Federal income tax withheld							
,,	а	Form(s) W-2				25a 3	,429.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .					2	5d 3,429.	
If you have a	26	2023 estimated tax payments						26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3. line				31			
	32	Add lines 27, 28, 29, and 31.					3	2	
	33	Add lines 25d, 26, and 32. Th						3 3,429.	
Refund	34	If line 33 is more than line 24						4 1,684.	
neiuna	35a	Amount of line 34 you want r				•		5a 1,684.	
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d						Savingo		
	36	Amount of line 34 you want a				36			
Amount		•				00			
You Owe	37	Subtract line 33 from line 24. For details on how to pay, go					3	37	
	38	Estimated tax penalty (see in		-		38			
Third Party		you want to allow another							
Designee		structions					omplete belo	w. 🗙 No	
Designee		signee's		Phone			onal identificat		
	nai	0		no.			ber (PIN)	-	
Sign		der penalties of perjury, I declare th							
Here	bel	ief, they are true, correct, and comp	olete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informatio	on of which pre	parer has any knowledge.	
	Yo	ur signature		Date	Your occupation			S sent you an Identity	
					SOFTWARE	ENCIMEED	(see inst.	on PIN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, b	oth must sign	Date	SOF IWARE Spouse's occupa	`	the IRS sent your spouse an		
Keep a copy for	Ъþ	ouse's signature. It a joint return, b	our must sign.	Dale	opouse s occupa			Protection PIN, enter it here	
your records.							(see inst.)	
	Ph	one no. (945)249-2512	2	Email address	SURESHN824	277@GMAIL.CC	M		
Daid	Pre	parer's name	Preparer's signat	ure		Date	PTIN	Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 01/25/2024	P0208270) 3 Self-employed	
Preparer		m's name GLOBAL TAX				- I	Phone no		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816		Firm's El		
Go to www.irs.go		1040 for instructions and the lates			BAA	REV 01/12/24 PRO		Form 1040 (2023)	
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